

Name
in
Full

CERTIFICATE OF DEATH

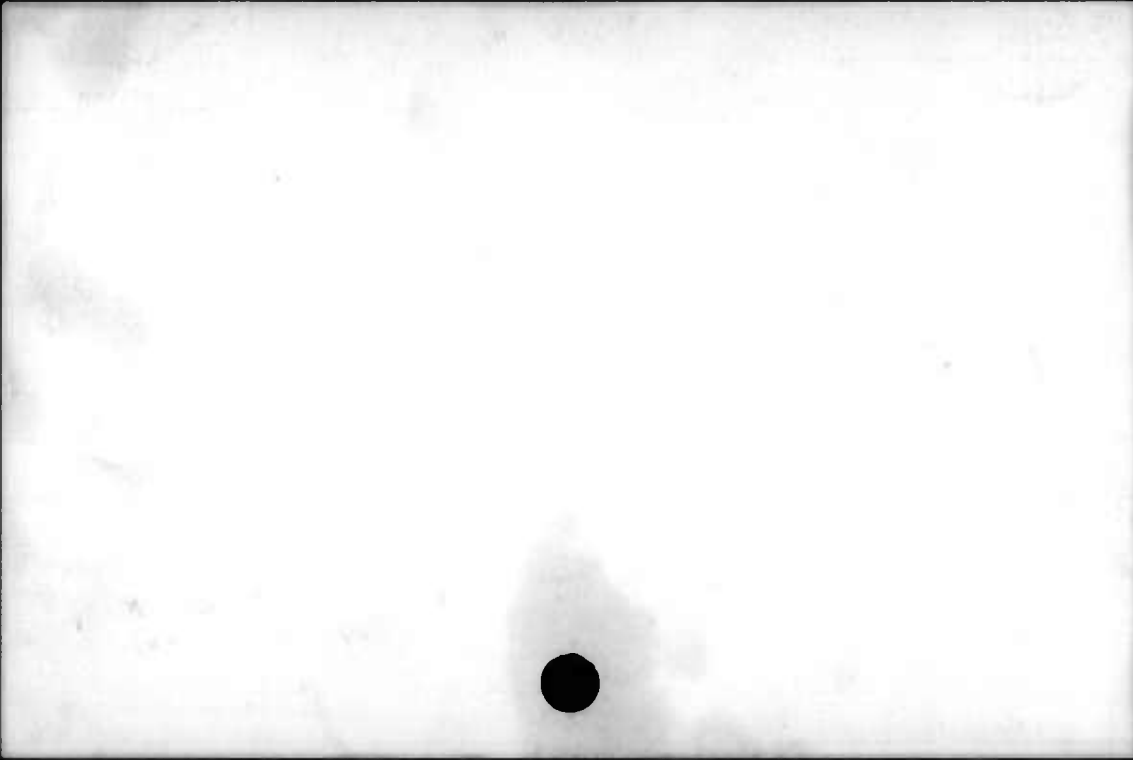
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Emma Brown</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Ridgely</i>		Month <i>10</i>		Day <i>28</i>		Age <i>18</i>	
Date of death <i>1903</i>		Months <i>6</i>		Days <i>26</i>			
Sex <i>female</i>		Color or Race <i>Negro</i>		Birth-place <i>Caroline Co</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Frank Brown</i>		Father's Birthplace <i>Talbot Co</i>					
Mother's Maiden Name <i>Mary Pritchett</i>		Mother's Birthplace <i>Caroline Co</i>					
Name of person giving Information <i>Frank Brown</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>		How long <i>3 Weeks</i>	
Immediate <i>Hemorrhage</i>		How long <i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J C Madara MD</i>	
		Address <i>Ridgely Md</i>	
Accident or Suicide?			



Name
in
Full

Clark Henry

CERTIFICATE OF DEATH

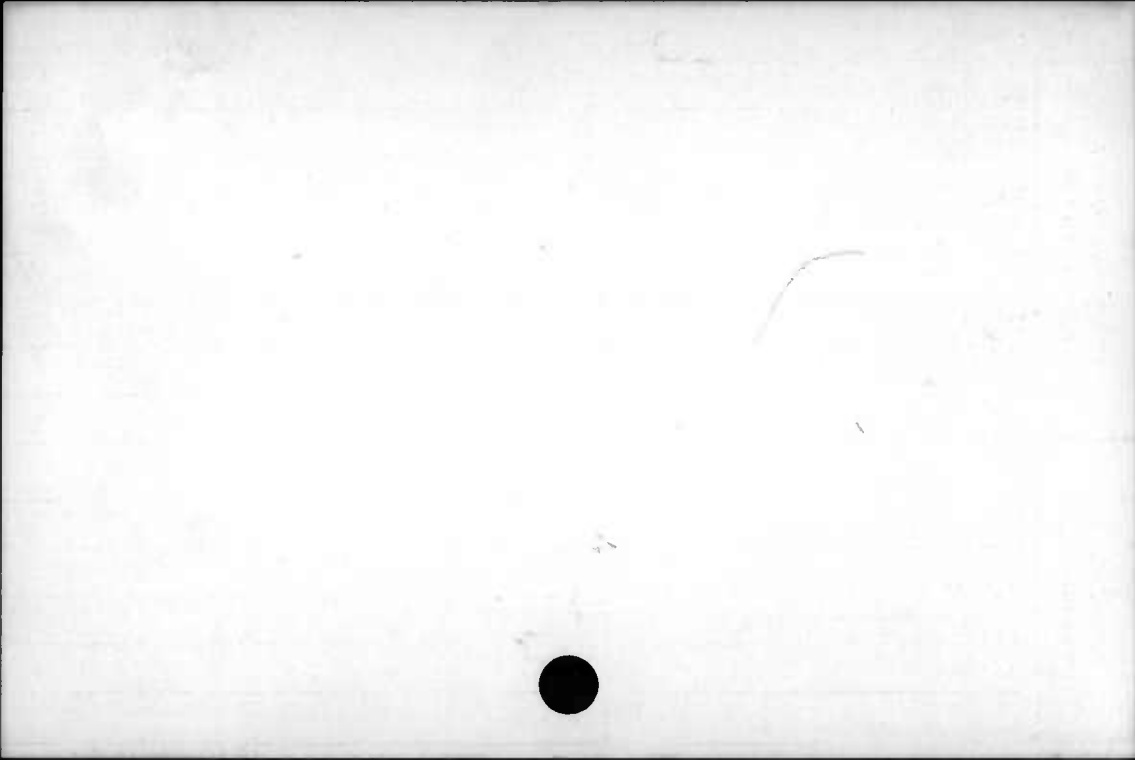
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Bethlehem</i> ^{County} <i>Caroline</i>		MARYLAND	
Date of death 190 <i>8</i>	^{Month} <i>October</i>	^{Day} <i>16</i>	^{Years} <i>six</i> ^{Months} <i>seven</i> ^{Days} <i>four</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>single</i>	Occupation <i></i>		
Name of Wife or Husband <i></i>			
Father's Name <i>A. D. Henry</i>	<i>9</i>	Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Dora Henry</i>		Mother's Birthplace <i>Ind.</i>	
Name of person giving information <i>Dora Henry</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Croup</i>	How long <i>3 days</i>
Immediate <i>Suffocation</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. D. Duxbury</i>
	Address <i>Fowling Creek Ind.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Emily Hutchinson

Town

Lynchburg County of Caroline

MARYLAND

Died at

Date 189

1903 ~~March~~ Month 11 Day

Oct

Y. 82 M.

D.

Native of

Occupation

10 11

Maryland

Male

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's
Name

Elean Hutchinson

Mother's
Name

Ann Hutchinson

Cause of

Primary

Heart trouble

How long sick 1/2 hour

Death

Immediate

Accident, Suicide, Homicide

Reported by

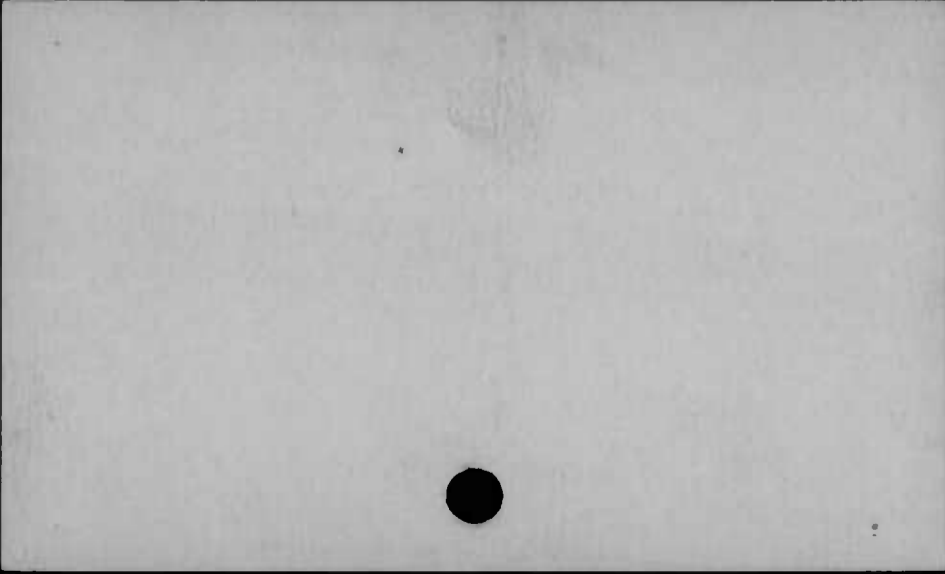
Mrs H. Hallis

Address

Main line near Underhill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Name
in
Full

Lora Elizabeth Nichols.

CERTIFICATE OF DEATH

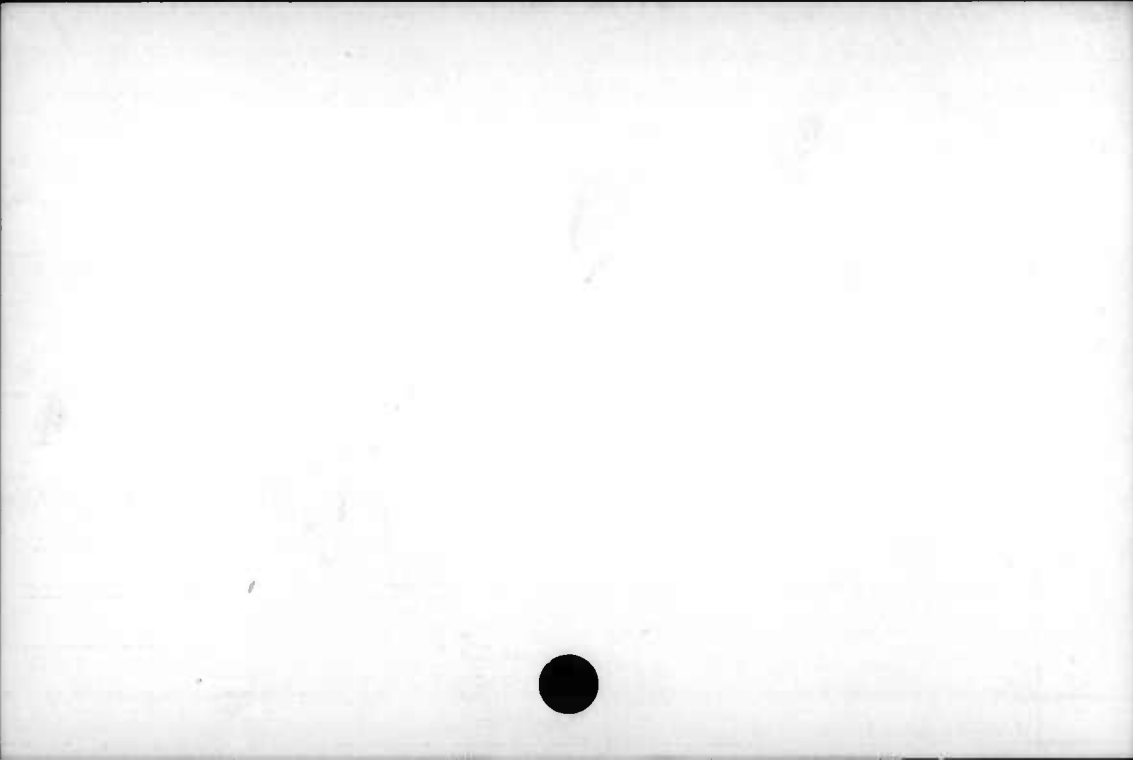
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ridgely</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>10</u>	Day <u>20</u>	Age <u>—</u>	Months <u>2</u>	Days <u>X</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Queen Anne, Md.</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>Infant</u>			
Name of Wife or Husband <u>Lora E.</u>					
Father's Name <u>Christopher Nichols</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Lora Elizabeth Wiloughby</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Andrew Wiloughby</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Triplet</u>	How long	<u>15</u>
Immediate	<u>Marasmus</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. N. Rickards</u>	
		Address <u>Ridgely, Md.</u>	
Accident or Suicide? <u>No</u>			



Name
in
Full

Nancy Snowberger Reiningger -

CERTIFICATE OF DEATH

Died at		Town <i>Ritzky</i>		County <i>Caroline</i>		MARYLAND	
Date of death		1903	Month <i>10</i>	Day <i>29</i>	Years <i>22</i>	Months	Days <i>22</i>
Sex	<i>Female</i>		Color or Race	<i>Caucasian</i>		Birth-place	<i>Penna</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife Husband			<i>Harry E. Reiningger</i>			
Father's Name	<i>Joseph Snowberger</i>				Father's Birthplace	<i>Penna</i>	
Mother's Maiden Name	<i>Hannah Agarice</i>				Mother's Birthplace	<i>Penna</i>	
Name of person giving Information	<i>H. E. Reiningger</i>				How related to deceased	<i>Hue bond</i>	

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long	<i>24 hrs</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>D. J. D. Stone</i>	
Address		<i>Ritzky</i>	
Accident or Suicide?		<i>no</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Minnie Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Anderson Town</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>October</i>	Day <i>31</i>	Age <i>23</i>	Years <i>-</i>	Months <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Schoolteacher</i>	Where Residing if not at place of death <i>At home Anderson Town</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Franklin Stevens</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Emma Stevens</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Enoch George</i>	How related to deceased <i>Physician</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>4 Weeks & 2 Days</i>
Immediate <i>Ephanta</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Enoch George M D</i>
	Address <i>Anderson Caroline Co Md.</i>
Accident or Suicide?	



Name
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Full

-William Van Brunt-

CERTIFICATE OF DEATH

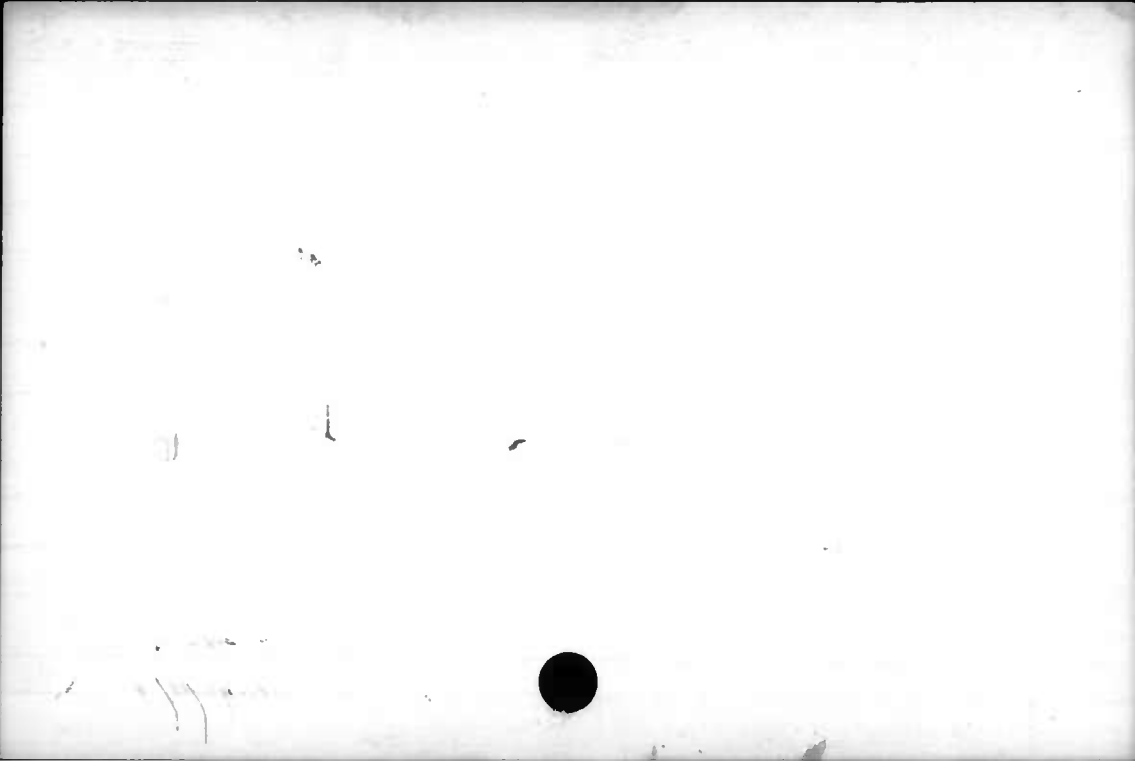
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alms House</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>October</i>	Day <i>22</i>	Age <i>85</i>	Years	Months	Days
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>New York</i>			
Married, Single or Widowed				Occupation <i>Not known</i>			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old-age</i>		How long	
Immediate <i>Paralysis</i>		How long <i>2 yrs.</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. A. Burns</i>	
		Address <i>Burnsville</i>	
Accident or Suicide?		<i>OK</i>	



Name in Full

Certificate of Death

Name in Full *David L. Waldron*
 Town *Prinston* County *Caroline* MARYLAND
 Died *10* Month *19* Day *80* Y. *Mass.* M. *Watch Maker* Occupation
 Date 19*03* Male *White* Married *Widow* Divorced *4* Number of children living
Female *Colored* *Single* *Widower*
 Husband of *Martha Post Waldron* Mother's Name *79*
 Wife *Martha Post Waldron* Maiden Name
 Cause of Death { Primary *Paralysis* Immediate *Valvular disease of heart* How long sick *2 mo*
Accident, Suicide, Homicide
 Reported by *J. L. Hobbs M.D.*
 Address *Prinston Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN

Name in Full Kellie Wright		Town New Williston		County Caroline		STATE MARYLAND	
Died 3 Oct.		Month 3		Day 6		Age 20	
Sex Female		Color or Race White		Birth-place Md.		Months -	
Married, Single or Widowed Single		Occupation -					
Name of Wife or Husband -							
Father's Name James Wright				Father's Birthplace Md.		Mother's Birthplace Md.	
Mother's Maiden Name Annie Harper				How related to deceased None			
Name of person giving information Mrs. Ruth Hooten							
CAUSES OF DEATH							
Primary Died suddenly of Epilepsy				How long -			
Immediate -				How long -			
Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician James H. Ward			
Except age				Address Andersontown			
not known				Md.			
Comet							

